FORM 1		STATEMENT OF			2011		
Please print or type your name, mailing address, agency name, and position bel	low: F]	NANCIAL	INTERE	STS [
LAST NAME - FIRST NAME - MIDD	DLE NAME :			FOR OFFICE USE ONLY:	40		
MAILING ADDRESS :				-	7 917		
Patricia A. Flury 651 Dania Beach 402 SE 6th Street Dania Beach FL 3300 NAME OF.		:OUNTY :		ID	MI -2 PH 12:54		
NAME OF OFFICE OR POSITION HE	ELD OR SOUG	HT:		P. F	Req. Code of		
You are not limited to the space on the I CHECK ONLY IF CANDIDATE		n. Attach additional sheets, NEW EMPLOYEE OR AP					
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 201 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS Instructions for further details). PLEAS COMPARATIVE (PERCENTAG PART A - PRIMARY SOURCES OF (If you have nothing to re	FINANCIAL IN LOW WHETHE 1 OR TABLE INTER B THE OPTIO OR USING O E STATE BELO E) THRESHOL INCOME [Major	SPECIFY TO SPECIF THE SHOOT SPECIF THE STATE OF SOURCES OF INCOME to the specific	CEDING TAX YEAR, OR THE PRECEDING AX YEAR IF OTHER TO THE SHOLDS TO THE SHOLDS TO THE SHOLDS, WHICH ARE LEMENT REFLECTS IN THE SHOPE TO	WHETHER BAS 3 TAX YEAR EN THAN THE CALI THAT ARE ABS ISUALLY BASE EITHER (must of LLAR VALUE TO	ED ON A CALENDAR YEAR OR ON DING EITHER (must check one): ENDAR YEAR: COLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see check one):		
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
	AL DIST.	+ 3501 JOHNSONST HOUSE. Fl			R-drawent		
City DANIA BEACH		100 101. DAWIA BEACH Blod.			city official		
Social Security							
SWIZH BARNEY	· . (BRICKELL AUG	MIAM!	El. 101	Tenest / DIVIDENDS		
(If you have nothing to report , you must writ		ces of Income to businessist write "none" or "n/e") MAJOR SOURCES INESS' INCOME	IOR SOURCES ADDRESS		PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
	· · · · · ·						
PART C REAL PROPERTY (Land, buildings owned by the reporting person - See instructions p. (if you have nothing to report, you must write "none" or "n/a") 402 S.E. 6 St. DAW. A BEXH, FL. 3939 SW 47 St. DAW, A BEXH, FL. BONCY RIAD - PASTURE (AND J. Lovela, Elovida)					FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.		
				OTH to file	ER FORMS you may need are described on page 6.		

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")									
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
Stocks, Bonds		Smith Barney - Main Ha							
	UBS - 150 2 Mayor No. St. Pete. Fl 33701								
PART E — LIABILITIES (Mejor debts - See instructions p. 5) (If you have nothing to report, you must write "none" or "n/s")									
NAME OF CREDITOR		ADDRESS OF CREDITOR							
BANK of AMERICA		P.O. BOX 5170 SUN VALLEY, CA. 93062							
PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions p. 5) (If you have nothing to report, you must write "none" or "nis") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2 BUSINESS ENTITY # 3									
NAME OF BUSINESS ENTITY	N/	A	N	/ _A -	NA	-			
ADDRESS OF BUSINESS ENTITY			L						
PRINCIPAL BUSINESS ACTIVITY									
POSITION HELD WITH ENTITY									
I OWN MORE THAN A 5%									
NATURE OF MY OWNERSHIP INTEREST									
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE									
SIGNATURE (requir		DATE SIGNED (required):							
Pat AFlu		6,	14/12						

WHAT TO FILE:

After completing all parts of this form, including stanta and dating it, send back only the first sheet (pages 1 and 2) for filling.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

FILING INSTRUCTIONS:

WHERE TO FILE:

If you were mailed the form by the Commission on Ethica or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your egency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

initially, each local officer/employee, state officer, and apacified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of thair appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finelly, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 If he or she was in their position on December 31, 2011.